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APPLICATION NO.	FILING DATE	TRADEM FI	RST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/697,186	10/27/2000		Sigeyuki Yokoyam	a	04853.0048	4446
TITLE OF INVENTION: 1	MUTANT KANAMYCIN N	UCLEOTIDYLTRA	NSFERASE FROM	S. AUREUS	•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	E PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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KERR, KATHLEEN M		1652		435-193000	. : •	
CFR 1.363). Change of correspond Address form PTO/SB/II "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless been previously submitt (A) NAME OF ASSIGN RIKEN Please check the appropriate 4a. The following fee(s) are XIssue Fee Publication Fee Advance Order - # of	cion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Its an assignee is identified beed to the USPTO or is being NEE assignee category or category enclosed:	Correspondence Ition form Se of a Customer BE PRINTED ON The Solution of the submitted under separate (B) Ories (will not be printed to the submitted under separate (B) And Publication Fee (1)	names of up to agents OR, alternatism (having as a agent) and the name attorneys or agents will be printed. HE PATENT (print of a will appear on the arate cover. Complete RESIDENCE: (CIT) Saitama, Jaited on the patent); Payment of Fee(s): XA check in the amount of the arate cover. The Director is here of the payment by credit of the Director is here of the posit Account Nur	patent. Inclusion of asson of this form is NOT and STATE OR COLORD DAN individual 30 count of the fee(s) is encount of t	ssignee data is only appropria substitute for filing an assurance of a substitute for filing an assurance of a state of the state of th	credit any overpayment, to copy of this form).
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